

CHICAGO DEPARTMENT OF FAMILY AND SUPPORT SERVICES  
DIVISION ON DOMESTIC VIOLENCE  
MULTI-DISCIPLINARY TEAM SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE  
2021 SCOPE OF SERVICES

SECTION ONE – GENERAL INFORMATION

DELEGATE INFORMATION	
Delegate Agency Name	
Project Name	
2021 Award Amount	
Agency Website Address	
2021 P.O. Number	
Executive Director Name	
Executive Director Address	
Executive Director Phone	
Executive Director Email	
Program Contact Name	
Program Contact Address	
Program Contact Phone	
Program Contact Email	
Fiscal Contact Name	
Fiscal Contact Phone	
Fiscal Contact Email	
Board of Directors Chairperson	
Address	
Phone	
Email	

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Hours during which MDT services are provided:							
Mon.		Tues.		Wed.		Thurs.	
Fri.		Sat.		Sun.			
<b>Program Location/Site (List All Site Locations where services listed on the Scope of Services are performed)</b>							
<b>MAIN LOCATION</b>							
Address							
Phone							
Ward where this site is located							
Community Area where this site is located							
Clients seen at this location come from the following wards:							
Clients seen at this location come from the following community areas:							
Program Service Hours:							
PO# (please indicate PO on each page)							

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Projected total number of clients reached in 2021	
List all languages in which MDT services are offered	
What specialized populations do you serve? (Neighborhood, cultural group, etc.)	
PO# (please indicate PO on each page)	

## SECTION TWO – DFSS PROGRAM DESCRIPTION

### **A. Program Goals**

**Multi-Disciplinary Team Services for Victims of Domestic Violence** increase safety and enhance wellbeing for victims (and their children) of intimate partner and teen dating violence by providing crisis outreach to victims referred by participating Chicago Police Department (CPD) districts. Intimate partner violence is defined as any physical or sexual violence, stalking, and psychological aggression by a current or former intimate partner. A partner can be a boyfriend or girlfriend, dating partner, sexual partner, or spouse, and is not limited to someone with whom the victim has been sexually intimate. Service providers contact victims over the phone and provide crisis counseling, safety planning, and education regarding victim rights under the Illinois Domestic Violence Act; and link victims to needed services such as legal services, supportive emotional counseling, and shelter.

### **B. Target Population**

Any Chicago resident (and their children) who has been the victim of intimate partner or teen dating violence and has been referred by the Chicago Police Department is eligible for services. Delegates must be able to offer services to underserved populations including undocumented victims, those whose do not speak English, male victims, those who are disabled, and LGBTQIAQIA victims.

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## SECTION THREE – REQUIRED CORE PROGRAM ELEMENTS

Delegates must deliver, at a minimum, all the following services:

- Accept referrals from Chicago Police districts participating in the Multi-Disciplinary Team (currently the 3<sup>rd</sup>, 4<sup>th</sup>, and 14<sup>th</sup>)
- Assess victim risk and prioritize immediacy and frequency of follow-up contact
- Attempt to contact victims within 24 hours of receipt of referral from CPD
- Provide victim with safety planning over the phone
- Provide victim with supportive counseling over the phone
- Review and inform victim of available domestic violence services
- Refer victims to appropriate domestic violence services, including counseling, legal advocacy and legal representation, shelter, etc.
- Offer services to underserved populations including undocumented victims, those whose do not speak English, male victims, those who are disabled, and LGBTQIAQ victims
- Maintain victim confidentiality
- Work with the Chicago Police Department, the Illinois State’s Attorney’s Office, the Chicago Department of Family and Support Services, and community members to improve MDT procedures and protocols
- Provide referrals to the Illinois Domestic Violence Hotline
- Respond to inquiries from the Illinois Domestic Violence Hotline to update service profile
- Offer services to underserved populations including undocumented victims, those whose do not speak English, male victims, those who are disabled, and LGBTQIAQIA victims
- Report changes in staff, staff hours, agency operating hours, agency and program location
- Ensure that all staff providing services listed in this Scope of Services have, at minimum:
  - earned a 40 Hour Domestic Violence training certificate from an accredited training provider; and
  - have experience providing services to victims of intimate partner violence and teen dating violence

## SECTION FOUR – PERFORMANCE MEASURES

Agencies are required to track progress towards achieving the stated program goals in Section Two. To assess success of the program, DFSS will monitor a set of performance indicators that may include, but are not limited to:

- Percentage of assessment forms received from CPD that are classified by delegate as either elevated or not-elevated risk
- Percentage of assessment forms received from CPD that result in a contact attempt by delegate
- Percentage of victims classified as elevated risk for whom contacted is attempted within 24 hours

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## **Data Reporting**

Delegate agency will be expected to collect and share data with DFSS according to the format, frequency, and submission protocol specified by DFSS. The parties recognize that reliable and relevant data is necessary to create a common understanding of performance trends, ensure compliance, evaluate program results and performance, and drive program improvements and policy decisions. As such, DFSS reserves the right to request/collect other key data and metrics from delegate agencies including client-level demographic, performance, and service data on a format specified by DFSS.

Delegate agency agrees to the following reporting requirements:

- Quarterly Reports detailing services provided. Format will be provided.
- Monthly Meetings with DFSS staff, if required.
- Narratives on the quarterly report that may highlight a particular case or services provided to victims of intimate partner violence and teen dating violence that demonstrate value in the ongoing services or a gap in services.

## **Uses of Data**

DFSS reserves the right to use data related to delegate agency performance, including but not limited to data submitted by the delegate agency for the following:

- a) In periodic meetings described below to review program performance and develop strategies to improve program quality throughout the term of the contract; and
- b) To guide DFSS program development, evaluate programs, inform policies, and inform contract decisions such as payment rates, contract extensions or renewals, and evaluation of proposals by the delegate agency in response to any future solicitations by DFSS for goods or services.

## **Meetings**

Regular reviews of and conversations around program performances, program results and program data, particularly related to the goals outlined in this agreement, will allow DFSS and the delegate agency to employ real-time information to track performance, identify good practices, and swiftly, collaboratively, and effectively address any challenges experienced by the target population.

At such meetings, the data will be reviewed to:

- a) Monitor progress, highlight accomplishments, and identify concerns.

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- b) Collaboratively design and implement operational changes to continuously improve processes and outcomes; and
- c) Develop strategies to broader system changes to improve service delivery and coordination between services.

Meetings shall include at a minimum the Deputy Commissioner for Domestic Violence, or designee, and the delegate agency's executive director, or designee. Delegate agency or DFSS may be represented by additional representatives as each party deems appropriate. DFSS may request the attendance of additional parties as it deems appropriate. Representatives from the delegate agency will attend all meetings as requested by DFSS.

MDT partners must also attend all meetings prescribed in the Illinois State's Attorney's Office's MDT grant agreement.

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## SECTION FIVE –PLANNED ACTIVITIES

Please complete the highlighted cells to indicate the program's planned activities for the contract period.

A.	NUMBER OF DOMESTIC VIOLENCE ASSESSMENT FORMS RECEIVED FROM CPD	Q1	Q2	Q3	Q4	Total
	1. Number of domestic violence assessment forms received from CPD in 2021					
	2. Number of domestic violence assessment forms received from CPD within 24 hours of incident					
	3. Number of domestic violence assessment forms received from CPD after 24 hours of incident					

B.	CLASSIFICATION OF RISK	Q1	Q2	Q3	Q4	Total
	1. Number of domestic violence assessment forms received from CPD					
	1a. Number of domestic violence assessment forms received from CPD classified as elevated risk					
	1b. Number of domestic violence assessment forms received from CPD classified as non-elevated risk					
<b>PERFORMANCE MEASURE</b> 100% of domestic violence assessment forms received from CPD will be classified by delegate as either elevated or non-elevated risk						
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<b>C.</b>	<b>TIME FRAME OF CONTACT ATTEMPTED BY DELEGATE TO MDT VICTIM</b>	Q1	Q2	Q3	Q4	Total
1.	Number of assessment forms leading to agency attempt to contact victim					
2.	Number of assessment forms for which contact is attempted within 24 hours of receipt of form					
3.	Number of assessment forms for which contact is attempted after 24 hours of receipt of form					
4.	Number of elevated risk victims to whom contact is attempted by agency					
5.	Number of elevated risk victims to whom contact is attempted within 24 hours by agency					
6.	Number of elevated risk victims to whom contact is attempted after 24 hours by agency					
<b>PERFORMANCE MEASURE</b>						
Contact will be attempted to 100 % of victims listed on domestic violence assessment forms						
<b>PERFORMANCE MEASURE</b>						
Contact will be attempted to 90 % of elevated risk victims within 24 hours of receipt of assessment forms						

<b>D.</b>	<b>RESULTS OF CONTACTED ATTEMPTED TO MDT VICTIMS</b>	Q1	Q2	Q3	Q4	Total
1.	Number of victims interviewed (contacted)					
2.	Number of victims not interviewed due to disconnected or wrong phone number or no answer					
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<b>E.</b>	<b>RESULTS OF VICTIM INTERVIEW</b>	Q1	Q2	Q3	Q4	Total
1	Number of victims contacted who accept services					
1a	Number of elevated risk victims contacted who accept services					
1b	Number of non-elevated victims contacted who accept services					
2.	Number of victims contacted who decline services					
2a	Number of elevated risk victims contacted who decline services					
2b	Number of non-elevated risk victims contacted who decline services					
3.	Number of victims (elevated and non-elevated risk) contacted within 24 hours of receipt of assessment forms from CPD who accept services					
4.	Number of victims (elevated and non-elevated risk) contacted after 24 hours of receipt of assessment forms from CPD who accept services					

<b>F.</b>	<b>SERVICES PROVIDED</b>	Q1	Q2	Q3	Q4	Total
1.	Number of victims that received safety planning, review of options, emergency crisis counseling, and other assistance during call or follow-up call					

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<b>G.</b>	<b>REFERRALS MADE</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
1.	Number of victims referred to counseling services					
2.	Number of victims referred to legal advocacy/legal representation services					
3.	Number of victims referred to shelter or other housing					
4.	Number of victims referred to other services					
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Please review the **Required Core Program Elements in Section 3** and **Performance Measures in Section 4**. Please describe activities to be performed to address the needs of the target population and achieve Performance Measures, focusing on activities not captured in the listed Core Elements.

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PO# (please indicate PO on each page)	
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## SECTION SIX –PROGRAM FUNDING

Please list all funding sources that comprise the other share listed in your program budget. Total of this chart should equal the other share listed in the program budget.	
<b>\$ AMOUNT</b>	<b>FUNDING SOURCE</b>
<b>\$</b>	<b>FUNDING SOURCE</b>
PO# (please indicate PO on each page)	

## SECTION SEVEN –REQUIRED ADDITIONAL DOCUMENTATION

The Division on Domestic Violence requires the following documentation to be submitted to [meera.raja@cityofchicago.org](mailto:meera.raja@cityofchicago.org) within the first 30 days of the contract start date:

1. Current **job description** for every staff person providing services to victims of domestic violence in this program. A job description should be provided for every staff person providing services to victims of domestic violence in this program, regardless of whether this grant pays the staff's salary. Job descriptions should follow the format of the job description posted along with other contract documents at:  
[www.cityofchicago.org/fsscontracts](http://www.cityofchicago.org/fsscontracts)
2. Current **resume** for every staff person providing services to victims of domestic violence in this program. A resumes should be provided for every staff person providing services to victims of domestic violence in this program, regardless of whether this grant pays the staff's salary.
3. **Proof of 40 hour domestic violence training** from an accredited training provider for every staff person providing services to victims of domestic violence in this program. Proof of training should be provided for every staff person providing services to victims of domestic violence in this program, regardless of whether this grant pays the staff's salary. Proof of training is required regardless of staff's other professional training, certificates, and education.

**Failure to submit these documents will result in an audit finding against the program.**

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## SECTION EIGHT –DDV DELEGATE GUIDEBOOK

The Division on Domestic Violence has created a guidebook to provide additional instruction and information on program requirements. The 2021 guide is available at:  
[www.cityofchicago.org/fsscontracts](http://www.cityofchicago.org/fsscontracts)

**Please review this guide as it is part of your contract.**

## SECTION NINE –SUBMITTAL AND APPROVAL

### CERTIFICATIONS:

 By checking this box, your agency certifies that all information provided in the Scope of Services is correct and that the agency will comply with the requirements listed in the Scope of Services.

### SUBMITTAL AND APPROVAL

Applicant signature in blue:	
Name typed:	
Title:	
Date of signature:	
DDV staff signature:	
Title:	
Date approved:	
PO# (please indicate PO on each page)	